

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **555255012307**

First Named Inventor **Herbert A. LITTLE**

COMPLETE IF KNOWN

Application Number

Filing Date

March 6, 2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR PROVIDING SECURE MESSAGE SIGNATURE STATUS AND TRUST STATUS INDICATION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | |
|---|----------------|--|-------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label | | <input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below | |
| David B. Cochran, Esq. | | | |
| Name | | | |
| Jones, Day, Reavis & Pogue | | | |
| Address North Point, 901 Lakeside Avenue | | | |
| Cleveland | Ohio | ZIP 44114-1190 | |
| City | State | ZIP | |
| USA | (216) 586-3939 | (216) 579-0212 | |
| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Herbert A. (first and middle [if any]) | | Family Name LITTLE or Surname | |
| Inventor's Signature <i>Herb A Little</i> | | Date <i>Mar 1 2002</i> | |
| Waterloo | Ontario | CANADA | Canadian |
| Residence: City | State | Country | Citizenship |
| 295 Phillip Street | | | |
| Mailing Address | | | |
| Waterloo | Ontario | N2L 3W8 | CANADA |
| City | State | ZIP | Country |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Michael S. (first and middle [if any]) | | Family Name BROWN or Surname | |
| Inventor's Signature <i>Michael S. Brown</i> | | Date <i>Mar 1, 2002</i> | |
| Heidelberg | Ontario | CANADA | Canadian |
| Residence: City | State | Country | Citizenship |
| 295 Phillip Street | | | |
| Mailing Address | | | |
| Waterloo | Ontario | N2L 3W8 | CANADA |
| City | State | ZIP | Country |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|---|----------------------|---|---|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Neil P. | | ADAMS | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature <i>Neil Adams</i> | | Date <i>Mar 1 2002</i> | |
| Residence: City Waterloo | State Ontario | Country CANADA | Canadian & British Citizenship |
| Mailing Address 295 Phillip Street | | | |
| Mailing Address | | | |
| City Waterloo | State Ontario | ZIP N2L 3W8 | Country CANADA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Herbert A. LITTLE |
| Title | SYSTEM AND METHOD FOR... |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 555255012307 |

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

| Name | Registration Number |
|---------------------------------|---------------------|
| Krishna K. Pathiyal, Esq. | 44435 |
| ***Please see attached sheet*** | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

OR

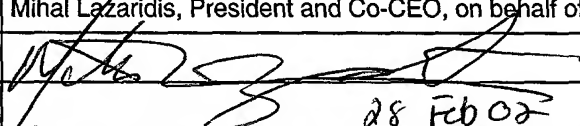
| | | | | | |
|---|----------------------------------|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David B. Cochran, Esq. | | | | |
| Address | Jones, Day, Reavis & Pogue | | | | |
| Address | North Point, 901 Lakeside Avenue | | | | |
| City | Cleveland | State | Ohio | Zip | 44114 |
| Country | USA | | | | |
| Telephone | (216) 586-3939 | Fax | (216) 579-0212 | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited |
| Signature |  |
| Date | 28 Feb 02 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted. (PTO/SB/81 (02-01) and *Supplemental Page Listing Additional Agents of Record)

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

555255012307

**SYSTEM AND METHOD FOR PROVIDING SECURE MESSAGE SIGNATURE
STATUS AND TRUST STATUS INDICATION**

* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

ADAMO, Kenneth R., Reg. No. 27,299
ARNDT, Barbara E., Reg. No. 37,768
BIERNACKI, John V., Reg. No. 40,511
COCHRAN, David B., Reg. No. 39,142
COOPER, Lorri W., Reg. No. 40,038
FAY, Regan J., Reg. No. 26,878
FEELING, F. Drexel, Reg. No. 40,602
GRIFFITH, Calvin P., Reg. No. 34,831
HAINES, Warren M. II, Reg. No. 40,632
MAIORANA, David M., Reg. No. 41,449
McCLINTIC, Shawn A., Reg. No. 45,856
O'HEARN, Timothy J., Reg. No. 31,552
ROSE, Mitchell, Reg. No. 47,906
SAUER, Joseph M., Reg. No. 47,919
SCANLON, Stephen D., Reg. No. 32,755
SHEAFFER, Jenny F., Reg. No. 45,099
SWITZER, H. Duane, Reg. No. 22,431
VARY, Michael W., Reg. No. 30,811
WAMSLEY, III, James L., Reg. No. 31,578

all of JONES, DAY, REAVIS & POGUE

North Point
901 Lakeside Avenue
Cleveland, Ohio 44114
US

2009-03-06